

**Completion Certificate**  
**Maryland Solar Energy Grant Program**  
**Photovoltaic Solar Grant**  
October 2009

**A. Participant Information**

Grant Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Installation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Maryland Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Electric Utility Name: \_\_\_\_\_

Sections B through D should be filled out by the **installer** of the photovoltaic system.**B. Photovoltaic (PV) System Information**

PV Array Location: \_\_\_\_\_ PV Array Size (kW): \_\_\_\_\_

PV Module Manufacturer: \_\_\_\_\_ PV Module Model# : \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Inverter Model #: \_\_\_\_\_

Inverter Power Rating: \_\_\_\_\_

**C. Installation Contractor/Subcontractor Information**

Installation Contractor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contractor/Customer Project # \_\_\_\_\_

Contractor's Md. License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Contractor DUNS #: \_\_\_\_\_ Jobs Created (FT) \_\_\_\_\_ (PT) \_\_\_\_\_

Jobs Retained (FT) \_\_\_\_\_ (PT) \_\_\_\_\_ Registered Maryland Minority Business Enterprise (Y/N)

Subcontractor Name (if applicable): \_\_\_\_\_ Company Name: \_\_\_\_\_

Subcontractor's Md. License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Subcontractor DUNS #: \_\_\_\_\_ Jobs Created (FT) \_\_\_\_\_ (PT) \_\_\_\_\_

Jobs Retained (FT) \_\_\_\_\_ (PT) \_\_\_\_\_ Registered Maryland Minority Business Enterprise (Y/N)

Description of Services Provided by Contractor/Subcontractor(s): \_\_\_\_\_

#### **D. Hardware and Installation Compliance and Inspection**

Please check all applicable statements.

\_\_\_\_\_The system hardware is in compliance with *Underwriters Laboratories (UL) 1741, Standard for Static Inverters and Charge Controllers for Use in Photovoltaic Systems and UL 1703, Standard for Safety: Flat-Plate Photovoltaic Modules and Panels.*

For off-grid installations:

\_\_\_\_\_The system has been installed in compliance with applicable requirements of local electric codes and the National Electric Code (NEC).

For utility interconnected systems only:

\_\_\_\_\_The system has been installed in compliance with *Institute of Electrical and Electronics Engineers (IEEE) Standard 929-2000, Recommended Practice for Utility Interface of Photovoltaic Systems* and with applicable requirements of local electric codes and the National Electric Code (NEC).

Electrical Permit #: \_\_\_\_\_ Issued By (County or Municipality Name): \_\_\_\_\_

Master Electrician Name: \_\_\_\_\_ Md. Electrician's License #: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): \_\_\_\_\_ Date: \_\_\_\_\_

Name

(Print): \_\_\_\_\_ Company: \_\_\_\_\_

**E. Other Information Required by the American Recovery and Reinvestment Act of 2009**

Recipient's Doing-Business-As Name (DBA) (if applicable): \_\_\_\_\_

Recipient's Congressional District (found at <http://www.house.gov/zip/ZIP2Rep.html>): MD \_\_\_\_\_

Recipient's Legal Address (if different from Installation Address): \_\_\_\_\_

☐ Recipient has attached completed installer prevailing wage rate/payroll (Davis-Bacon) forms (sample form <http://www.dol.gov/esa/whd/forms/wh347.pdf>)

**F. Owner Acknowledgement**

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the terms and conditions of the Grant Commitment Letter and the Grant Program Terms and Conditions Form, including the ARRA Addendum Special Terms and Conditions, and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # - or - FID: \_\_\_\_\_

Please include a photo of the project or email an electronic photo to:

Attention Solar Energy Grant Program  
[Meainfo@energy.state.md.us](mailto:Meainfo@energy.state.md.us)

**Mail this Completion Certificate and supporting documentation to:**

**-Attention- Solar Energy Grant Program  
Maryland Energy Administration  
1623 Forest Drive, Suite 300  
Annapolis, MD 21401**